# NEWINGTON POLICE RECRUITMENT EMPLOYMENT APPLICATION

There is a non-refundable application fee of twenty-five (\$25) dollars to participate in this process.

The \$25 fee MUST be enclosed with this application.

**NOTE:** Discrimination because of race, color, sex or sexual orientation, religion, age, national origin, disability or veteran's status is prohibited by law.

IMPORTANT: This application is considered part of the examination process, and MUST be <u>fully</u> completed. <u>DO NOT ENCLOSE A RESUME</u>. Incomplete applications may be rejected. Be brief, but you should include all important information related to your qualifications for this position. All statements are subject to investigation and any facts found to be false, exaggerated or misleading may result in your disqualification.

You will also be required to have a current and valid CHIP card showing you have taken and passed the CHIP Physical Ability Assessment within the last six months. If you do not have a current CHIP card, you should apply for one at the earliest possible date.

#### PERSONAL INFORMATION

Month Day Yea	ar	Please write one	number in each box	
NAME				
Last	Fir	st	Middle	_
CURRENT				
ADDRESSNumb	per and Street	City	State Zip	
DAY PHONE # ( )		EVENING PHONE #	( )	
DATE III T	<del></del>	2 1 2 1 1 1 3 1 1 1 3 1 2 1	1	<del></del>
What Connecticut Law Enforce	ement agency(s) Hav	e you been employed by	:	
	<b>5 7</b> ( )			
What is your Connecticut POS	T ID#?	POST ID#	<u> </u>	
Are you a citizen or naturalized	citizen of the U.S.A.	? Yes $\square$	No $\square$	
DRIVERS LICENSE #		STATE	TYPE	
	ARMED FORCE	ES INFORMATION		
If you have been in the arm	ed forces inlease o	complete the following:		
in you have been in the arm	ou roroco, prouco o	iompioto trio ronowing.		
Branch of Service	Service Num	ber	From: (M/D/Y)	To: (M/E
Dianch of Service			, ,	
Type of separation				

## **EDUCATION**

		ioriai ievei y	ou have complete	ed.				Did vou	araduata?
High School School name, city and state				9 10 11 12 Circle highest year completed			Yes	graduate? No	
College	College name, city and state			_ 1 2 3 4 Circle highest year completed			Did you graduate? Yes No		
Other	School name , city a	ınd state		····	1 2 Circle hig	2 3 4 Thest year comp	oleted	Did you Yes	graduate? No
If you attended college, who	at was your:	Majo	or		Minor	Hig	hest deg	ree earr	ned
High School Equivalency Di	iploma (GED)?	Date of	diploma (M/D/Y	′)		Number		-	
EXPERIENCE: In the space recent job. Account for all	Il periods, includ	ing self-e	mployment and	d unemplo					ent or mos
Employer:	Company name			Company ac	dress			Company	Phone #
Your Job Title					Anı	nual Salary _	Starting		Ending
Supervisor and Title DUTIES			Reason for	Leaving					
Employer:	Company name			Company ac	dress			Company	Phone #
	Company name					nual Salary _			
	Company name	Dates _	From (M/D/Y) Reason for	To (M/D/Y)	Anr		Starting		Ending
Your Job Title Supervisor and Title  DUTIES	Company name	Dates _	From (M/D/Y) Reason for	To (M/D/Y)	Anr		Starting		Ending
Your Job Title Supervisor and Title  DUTIES  Employer:	Company name	Dates _	From (M/D/Y) Reason for	To (M/D/Y)  T Leaving  Company ac	Ann		Starting	Company	Ending  Phone #
Your Job Title  Supervisor and Title  DUTIES  Employer:  Your Job Title	Company name	Dates _	From (M/D/Y)  Reason for	To (M/D/Y)  Company ac	Ann	nual Salary _	Starting	Company	Ending  Phone #  Ending
Your Job Title	Company name	Dates _	From (M/D/Y)  Reason for  From (M/D/Y)  Reason for	To (M/D/Y)  Company ac  To (M/D/Y)	Ann	nual Salary _	Starting	Company	Ending  Phone #  Ending

Employer:	ame	Company add	dress	Company Phone #
Your Job Title	Dates		Annual Salary	
Supervisor and Title				<del> </del>
DUTIES				
Have you ever been fire	d or asked to resign fro	om a job? Yes	No 🗌	
If YES, please explain h	ere:			
				<del></del>
Are there any other exp	eriences, skills or quali	fications which will b	e of benefit in the job of po	lice officer
(such as CPR, firearms	training, etc.)? If so, p	olease explain below		
Where did you first he	ear about this testing	process? (Please	check <u>one</u> )	
	-	· · · · · · · · · · · · · · · · · · ·	tate Employment Service	)
b Communication	from us	g 🔲 A	police employment news	sletter
c A police departm	nent (name)	h 📙 A o	community agency	
e Friend or relative	<u> </u>		ternet website her	
	VOLUNTARY CO			
The following information is nee	ded for compliance wit	h government select	ion requirements and for E	qual Employment
Opportunity reports. It will not be process.	e sent to the participati	ng departments and	will not affect your standin	g in the testing
Your Name			_ Date of Birth/	/
			Month	Day Year
Sex (please check one	e) Male $\square$	Female 🔲		
Describe yourself in terr	ns of ONE of the follow	ving groups. (Please	e check one)	
a Am	erican Indian	d Hispanic/	Latino	
	an American	e White/Ca		
c <b>∟</b> Bla	ck/African American	f U Other (ple	ease specify)	<del></del>
Do you require any spec	cial physical accommo	dations to compete o	on the required tests? Y	es No 🗆
			· 	
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### IMPORTANT - READ THE INFORMATION BELOW AND SIGN YOUR APPLICATION

Do you understand that as part of the testing process you will be required to submit to a polygraph examination, a thorough background investigation, a psychological examination and fingerprinting as well as a physical fitness test, a physical

examination and drug testing?	go.pg ao ao a p.,,
Yes N	lo 🗆
My signature below certifies that the information provided in this any information submitted may be grounds for rejection of this consent to the participating towns to check previous employers, any liability that might arise from such disclosures. I further constitute an employment agreement. Failure to completely fill any further consideration for employment. I ACKNOWLEDGE UNDERSTAND THE REQUIREMENTS FOR EMPLOYMENT.	s application or termination of employment. I also give educational records, and references and release you from understand the acceptance of this application does not out this application may result in my disqualification from
Signature	Date
FOLLOW THESE INSTRUCTIONS FOR	RETURNING YOUR APPLICATION:
MAIL YOUR COMPLETED ARE	DI ICATION DIRECTI V TO:

MAIL YOUR COMPLETED APPLICATION DIRECTLY TO:

**POLICE TEST NEWINGTON POLICE DEPARTMENT 131 CEDAR STREET NEWINGTON, CT 06111** 

## IF YOU HAVE ANY QUESTIONS ABOUT:

- THE APPLICATION PROCESS, CALL (860)594-6201
- THE PHYSICAL ABILITY ASSESSMENT, CALL COMPLETE HEALTH AND INJURY PREVENTION (CHIP) AT 203-235-5865 OR VISIT THEIR WEB SITE AT WWW.POLICEAPP.COM

THE TOWN OF NEWINGTON IS AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER